

Bristol Hospital  
Plan of Correction-Action

(U/C)  
Accepted 8/23/17 (MM)

Tag / Violation	Defined Measures to Prevent Reoccurrence	Person Responsible	Completion Date
<p>Section 19-13-D3 (b) Administration (2) and/or (c) Medical staff (4)(A) and/or (d) Medical records (3) and/or (e) Nursing service (1).</p>	<p><b>Plan/System Improvement:</b> Bristol Hospital will ensure that patients who present to the Emergency Department with chest pain will have an EKG completed within ten minutes of arrival per standing order protocol.</p>	<p><b>Implementation:</b></p> <ol style="list-style-type: none"> <li>1. ED staff safety huddles performed at 7am and 3pm beginning 06/19/2017 included a review of emergency department nursing guidelines and criteria for obtaining an EKG within 10 minutes of arrival</li> <li>2. Staff members will read &amp; sign an educational packet regarding the nursing guidelines for obtaining an EKG for patients presenting to the Emergency Department with chest pain by August 1, 2017.</li> <li>3. This issue will be a standing monthly agenda item for the Emergency Department staff meetings for three months beginning July 27<sup>th</sup>, 2017.</li> </ol>	<p>Director of Emergency Services</p> <p>Aug 31, 2017</p>

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<p><b>Section 19-13-D3 (b)</b>  <u>Administration (2) and/or (d)</u>  <u>Medical records (3) and/or (e)</u>  <u>Nursing service (1)</u></p>	<p><b>Plan/System Improvement:</b></p> <p>The Director of Emergency Services and Clinical Coordinators of the Emergency department reviewed the hospital policy requiring appropriate documentation of a patient's care in a timely manner with the Emergency department staff.</p> <p><b>Implementation:</b></p> <ol style="list-style-type: none"> <li>1. Immediate corrective action plan was implemented with RN #2, which included re-education, 90 day probation and a written warning.</li> <li>2. Immediately beginning on 6/19/2017, staff safety huddles held in the Emergency Department which are held at 7am and 3pm, included a review of documentation policies.</li> <li>3. All emergency department nurses will read &amp; sign the Bristol Hospital policy for nursing documentation by August 1, 2017.</li> <li>4. This issue will be a standing monthly agenda item for the emergency department staff meetings for three months beginning July 27<sup>th</sup>, 2017.</li> </ol> <p><b>Monitoring:</b></p> <ol style="list-style-type: none"> <li>1. An audit of RN #2's documentation in patient medical records will be conducted on a weekly basis to ensure appropriate and timely documentation. The audit results will be reviewed weekly by the Director of Emergency Services. The audit will continue until 100% compliance is achieved for 4 consecutive months.</li> <li>2. The Director of Emergency Services will inform the Quality department of the audit results on a monthly basis.</li> </ol>	<p>Director of Emergency Services</p>	<p>Aug 31, 2017</p>

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	<p>4. Results of the audits will be reported to The Quality Improvement Committee of the Board</p> <p>basis.</p>	Director of Quality	

